PART B - FEE(S) TRANSMITT

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| CONCORD, MA 01742-9133 0/18/2006 CCHAU2 00000040 10055789 | | | | Laura | J. DiAn | gelis \ | (Depositor's name) |
| 4 FD (FA) | | | | Yau | ra f | Drangelix | (Signature) |
| 1 FC:1501 1400.00 OP 2 FC:8001 45.00 OP | | | | October 13, 2006 (Date) | | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTO | DRNEY DOCKET NO. | CONFIRMATION NO. |
| 10/055,789 | 10/055,789 01/18/2002 | | Lijun Wu | | | 1855.1063-010 | 9077 |
| TITLE OF INVENTION | : ANTI-CCR4 ANTIBC | DDIES AND METHODS | OF USE THEREFOR | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE PREV. PA | AID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | | \$0 | \$1700 | 10/31/2006 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| ULM, JOHN D | | 1649 | 530-387100 | | | | |
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| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | TO BE PRINTED ON | THE PATENT (print o | r type) | | | |
| recordation as set forth | h in 37 CFR 3.11. Comp | fied below, no assignee pletion of this form is NO | T a substitute for filing | g an assignmen | t. | | ocument has been filed for |
| (A) NAME OF ASSIC | (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cambridge, Massachusetts | | | | | | |
| | im Pharmaceuti iate assignee category or | | | | | | up entity 🔲 Government |
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| Typed or printed name | Deirdre E. | Sanders | | Regis | tration No. 4 | • | |
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